

APPOINTMENT TO PEER SUPPORT TEAM

<i>Effective Date</i>		
Subject: Appointed Peer Support Members		
<i>Reference: Alabama Law Enforcement Alliance for Peer Support</i>		Statute 36-21-14
	<i>Reevaluation Date:</i>	<i>No. Pages: 1</i>

I. PURPOSE

The purpose of this directive is to provide guidelines that shall be uniformly applied to Peer Support. This directive is intended to enhance the functioning of this essential service within the _____.
(your department/agency)

II. POLICY

The following personnel have been appointed as Certified Peer Support members as outline in Statute 36-21-14. This appointment shall be for one year unless rescinded in writing by my order.

Each member will be required to complete a minimum of six (6) hours of training specific to peer support over the next year. This training should be recognized by the Alabama Law Enforcement Agency (ALEA) and by Alabama Law Enforcement Alliance for Peer Support (ALLEAPS).

Peer Support Trained Personnel:

Name:

Contact Information:

BY ORDER OF

Signature of Appointing Chief/Sheriff